

Limited Power of Attorney Settlement of Insurance Claim Electronic Signature Only

Vehicle Services Bureau

P.O. Box 201431, 302 N Roberts, Helena, MT 59620-1431

Phone (406) 444-3661 Fax (406) 444-0116 • mvdtitleinfo@mt.gov

This limited power of attorney may be used only when ownership of a vehicle, vessel or snowmobile is being transferred to an insurance company or its adjuster in the settlement of an insurance claim in Montana, and the vehicle owner uses an electronic signature to execute the power of attorney. No notarization of the owner's signature is required. This limited power of attorney is authorized under MCA 61-3-205.

When fully executed and accompanied by the signature certificate from the company authenticating the owner's electronic signature, this power of attorney will be accepted by the Vehicle Services Bureau to effect transfer of ownership of the vehicle to the insurance company or its adjuster.

The vehicle owner must complete this section:							
I (print your legal name)				Address, City, State	and Zip Code		
Associat (print the name of the	- Lucinoss	' ' ' ' ' ' ' ' '					
Appoint (print the name of the	business	or individual)					
A -1 -1			City			Chala	7:- Codo
Address		I	City			State	Zip Code
as my attorney in fact with full authority to execute any and all instruments, documents,							
affidavits, etc. to effect transfer of title							
in my place and stead on the following motor vehicle/vessel/snowmobile:							
Title Number Year Make					Model		
Vehicle Identification Number				Color		License Plat	te Number
Email Address					Phone Num	ber	
			. 41		1 /		
I state that the (check			•	•			
miles, date read					reflects t	he actual m	nileage uniess
one of the following statements is checked:							
DO NOT CHECK				ects the amount of m			
UNLESS APPLICABLE	The c	odometer readin	ig is no	not the actual mileage	. Warning –	odometer dis	crepancy.
Under nenalty of law (ΜΟΔ 4	5-7-203) I	cert	tify that the stat	taments m	nade and in	formation
Under penalty of law (MCA 45-7-203), I certify that the statements made and information contained on this form are true and correct to the best of my knowledge, information, and							
belief; I am the person named on this form; and, if signing for a business entity or trust, I							
have full authority to do so.							
Thave rain additioning to a	10 33.						
Owner Signature:						Date:	
Purchaser (insurance company or its adjuster): I am aware of the odometer certification made							
by the seller.							
Durchasaria signatura (this is my		only one s	!==atur		Durchacar's I	intod name	
Purchaser's signature (this is my	/ legai sign	ature—only one si	ignatui	re is requirea)	Purchaser's p	orintea name	
í							
Date If app	If applicant is a firm or corporation, print full name						